Draft 2 - Guide A: Form 11 – Contact Tracking

CONTACTS UNDER SURVEILLANCE – DAILY RECORD MASTER FORM

City_____County_____State_____

Contact No.	NAME	Age	Sex	ADDRESS	Vaccination History			Control Vaccination			Surveillance		Dates																			
					Date last vaccinated	Date last take	Scar Y/N	Date	Date major Reaction	Date Revacc-inated	Begin	End	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	**18**	19	20

Instructions:
1. Fill in the number, name, age, sex, address, vaccination info., and dates of surveillance period of each contact.
2. In the block above the column labeled "18" write the date of the onset of smallpox patient's symptoms.
3. Working backwards from the date of onset of the smallpox patient's symptoms, fill in the appropriate dates above columns 1-17.
4. Fill in the appropriate dates above column 19 through the column which represents 18 days after the smallpox patient was isolated (e.g., if the smallpox patient was isolated on day 20 [2 days **after** the onset of symptoms], you would fill in the dates through column 38). Extend the form so that there are as many columns as necessary.
5. For each contact, shade in all the blocks prior to the date of last contact.
6. For each contact, shade in all the blocks following the date, which is 18 days after last contact.
7. Use the following codes to describe the status of each contact on each day during the surveillance period (unshaded blocks)
   Seen and Well   – W
   Seen and Sick   – S
   Not Seen   – N